

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	08/971,524
	Filing Date	November 17, 1997
	First Named Inventor	Ray D. Kanter
	Art Unit	1772
	Examiner Name	N. Ahmad
	Attorney Docket Number	130625-1001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32914

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

32914

OR

☐ Firm or
Individual Name

Address

City

Country State Zip

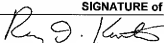
Telephone Email

I am the:

☒ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Ray D. Kanter		
Date	04/16/08	Telephone	(210) 493-8333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 4/17/08

Signature: 

(Deborah Foots)